

Attorney Docket No. 0018-10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant of:

Carl E. Fabian

Group Art Unit:

3761

Serial No.:

10/650,377

Examiner:

Catharine L. Anderson

Filed:

August 28, 2003

For:

**ATTACHMENT OF ELECTRONIC TAGS TO SURGICAL
SPONGES AND IMPLEMENTS**

Docket No.:

0018-10

Bedminster, N.J. 07921
December 16, 2005

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

M a d a m :

AMENDMENT UNDER 37 CFR 1.111

In response to the Office Action dated October 6, 2005, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 5 of this paper.

AMENDMENT TRANSMITTAL LETTER

ATTORNEY'S DOCKET NO.:

0018-10

SERIAL NUMBER:
10/650,377

DEC 19 2005

FILING DATE:

August 28, 2003

EXAMINER:

Catharine L. Anderson

GROUP ART UNIT:
3761

INVENTION:

ATTACHMENT OF ELECTRONIC TAGS TO SURGICAL SPONGES AND IMPLEMENTS

INVENTOR(s): Carl E. Fabian

TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NUMBER PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	7	MINUS	27	0	X \$25	0.00
INDEP. CLAIMS	3	MINUS	3	0	X \$100	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$ 0.00

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

 No additional fee is required. Charge \$ _____ to Deposit Account No. _____ A triplicate copy of this sheet is enclosed. The undersigned petitions for any extension of time for filing this document required under 37 C.F.R. 1.136 and submits a check for \$ _____ to cover the extension fee _____.

A triplicate copy of this sheet is enclosed.

 Charge any additional fees to Deposit Account No. 01-1125

December 16, 2005

Date

Signature

Ernest D. Buff

Attorney Name

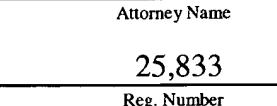
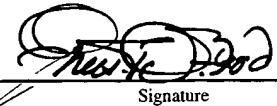
(908) 901-0220

Phone

25,833

Reg. Number

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 16, 2005.



Ernest D. Buff

December 16, 2005

(Date)